Area code 973

WESTON MAJOR PROGRAMS DIVISION
HEALTH AND SAFETY PLAN
EMERGENCY RESPONSE / SITE INVESTIGATION

320419

TDD No. PCS 1916 Site Name: Central Steel Drum Site

Site Address: Street No. 704 Doremus Avenue

City Newark

County/State Essex County, N.J.

Site Contact / Phone No.: -

Directions to Site:(Att.Map) ① Take Turnpike North to 15E exit which empties on Doremus Ave.
② Take Doremus Avenue to Delancy Street (½ mile)
③ Site is on Right Side immediately preceding intersection

Historical/Current Site Information:
A long history of citations by DEPE for releases at this drum recycling business, high levels of VOA Alkanes + chlorinated compounds, chlordane and heavy metals for Lead, Mercury, chromium (with lead being high enough to fail EP Tox Testing.* Little current information available

Incident Type:
( ) Air Release -
( ) Spill -
( ) Fire -
( ) HW Site - ✓ highly contaminated site w/ no fencing to general public

Location Class : (X) Industrial ( ) Commercial ( ) Urban/Residential ( ) Rural

USEPA Contact: M. Chong Date of Initial Site Activities: 5/14/97

Original HASP: Yes ✓ Modification Number:

Lead TAT: Ed Moyle Site Health & Safety Coordinator: M. CHONG
Alternate: Ed Moyle

Response Activities/Duration (fill in as applicable)

Emergency Response:
( ) Perimeter Recon.
( ) Site Entry
( ) Visual Documentation:
( ) Multi-media Sampling:
( ) Decontamination:

Assessment:
(✓) Perimeter Recon.
(✓) Site Entry
(✓) Visual Documentation:
( ) Multi-media Sampling:
(✓) Decontamination:

Additional Comment: Current Status unclear with reported DEPE listings of 1000 tires, 200 (full or empty drums) containers, oily spills and oil slick on nearby water. In view of the serious nature of the DEPE citations the full level B with expect downgrade to modified level D (with Tyvek due to heavy metals) will be used.

Physical Safety Hazards to Personnel

( ) Heat ( ) Cold ( ) Precipitation ( ) Confined Space (✓) Terrain
(✓) Walking/Working Surfaces ( ) Fire & Explosion ( ) Oxygen Deficiency
( ) Underground Utilities ( ) Overhead Utilities ( ) Heavy Equipment
(✓) Unknowns in Drums, Tanks, Containers (✓) Ponds, Lagoons, Impoundments
( ) Rivers, Streams ( ) Pressurized Containers, Systems ( ) Noise
( ) Illumination ( ) Nonionizing Radiation ( ) Ionizing Radiation

Biological Hazards to Personnel

( ) Infectious/Medical/Hospital Waste ( ) Non-domesticated Animals ( ) Insects
(✓) Poisonous Plants/Vegetation ( ) Raw Sewage

Training Requirements

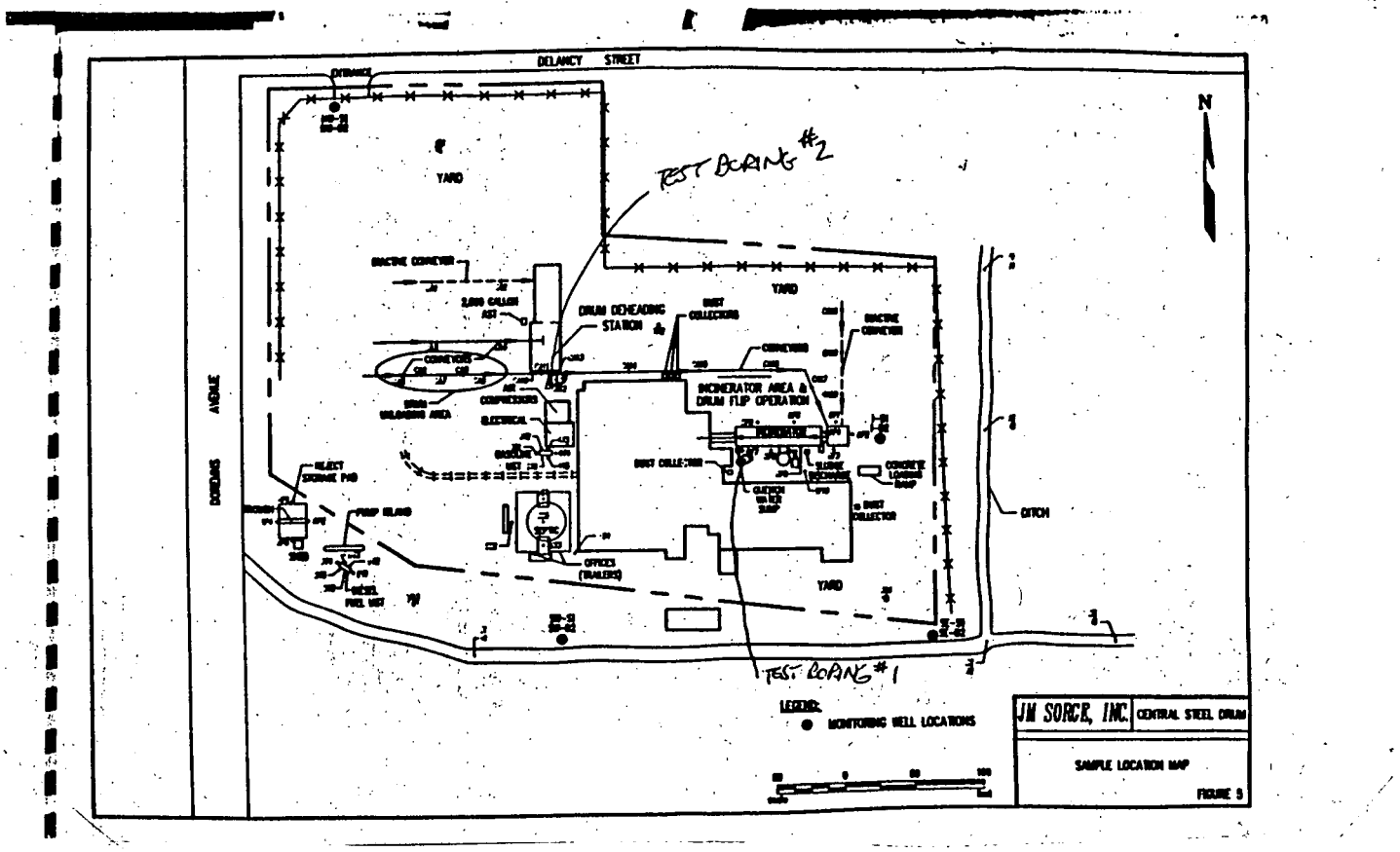
(✓) 40 Hour General Site Worker Course with three days supervised experience.
( ) 24 Hour Course for limited, specific tasks with one day supervised experience.
( ) 24 Hour Course for Level D Site with one day supervised experience.
(✓) 8 Hour Annual Refresher Health and Safety Training.
( ) 8 Hour Management/Supervisor Training in addition to basic training course.
( ) Site Specific Health and Safety Training.
( ) Pre-entry training for emergency response skilled support personnel.

Medical Surveillance Requirements

(✓) Baseline initial physical examination with physician certification.
(✓) Annual medical examination with physician certification.
( ) Site Specific medical monitoring protocol (Radiation, Pesticide, PCB, Metals).
( ) Asbestos Worker medical protocol.
( ) Exempt from medical surveillance: _____.
( ) Examination required in event of chemical exposure or trauma.

Physical Parameters	Chemical Contaminant	Chemical Contaminant	Chemical Contaminant	Chemical Contaminant
Exposure Limits IDLH Level	____ ppm ____ mg/m³ PEL ____ ppm ____ mg/m³ TLV ____ ppm ____ mg/m³ IDLH	____ ppm ____ mg/m³ PEL ____ ppm ____ mg/m³ TLV ____ ppm ____ mg/m³ IDLH	____ ppm ____ mg/m³ PEL ____ ppm ____ mg/m³ TLV ____ ppm ____ mg/m³ IDLH	____ ppm ____ mg/m³ PEL ____ ppm ____ mg/m³ TLV ____ ppm ____ mg/m³ IDLH
Physical Form Sol.Liq.Gas Color	____ Solid ____ Liquid ____ Gas ____ Color	____ Solid ____ Liquid ____ Gas ____ Color	____ Solid ____ Liquid ____ Gas ____ Color	____ Solid ____ Liquid ____ Gas ____ Color
Odor				
Flash Point Flammable Limits	____ Degrees F or C ____% UEL ____% LEL	____ Degrees F or C ____% UEL ____% LEL	____ Degrees F or C ____% UEL ____% LEL	____ Degrees F or C ____% UEL ____% LEL
Vapor Press. Vapor Dens.	____ mm/Hg ____ Air = 1	____ mm/Hg ____ Air = 1	____ mm/Hg ____ Air = 1	____ mm/Hg ____ Air = 1
Specific Gravity	____ Water = 1	____ Water = 1	____ Water = 1	____ Water = 1
Solubility				
Incompatible Materials				
Route of Exposure	____ Inh ____ Abs ____ Con ____ Ing	____ Inh ____ Abs ____ Con ____ Ing	____ Inh ____ Abs ____ Con ____ Ing	____ Inh ____ Abs ____ Con ____ Ing
Symptoms of Acute Exposure				
First Aid Treatment				
Ion Potential	____ eV	____ eV	____ eV	____ eV
Instruments For Detection	____ PID w/____ Probe ____ FID ____ CGI ____ RAD ____ Det Tube ____ Ph Other____	____ PID w/____ Probe ____ FID ____ CGI ____ RAD ____ Det Tube ____ Ph Other____	____ PID w/____ Probe ____ FID ____ CGI ____ RAD ____ Det Tube ____ Ph Other____	____ PID w/____ Probe ____ FID ____ CGI ____ RAD ____ Det Tube ____ Ph Other____

Site Map with Work Zones



Decontamination Procedures

( ) Wet Decontamination - using: _____

(✓) Dry Decontamination

expected disposable garments for level B, C & D operations

Description of Site Specific Decontamination Plan: _____

Adequacy of decontamination determined by: H&S supervisor or alternate

TASK TO BE PERFORMED/AIR MONITORING REQUIRED	ANTICIPATED LEVEL OF PROTECTION	TYPE OF CHEMICAL PROTECTIVE COVERALL	INNER GLOVE OUTER GLOVE BOOT COVER	TYPE OF APR CARTRIDGE OR CANISTER
Site Recon for Level of protection Required for site	B if unknown or over 10 PPM Vapors anticipated	Saran Coated coveralls	outer and inner Nitrile Sampling (Surgical) gloves for Sample other site activities may require a more durable outer-glove	Air bottles
General site activities for 5-10 PPM levels	C	Tyvek	Same	GMC-H
General site Activities for 0-5 PPM Levels	D	Tyvek (due to Heavy Metals on Site)	Same	none

Frequency and Types of Air Monitoring: (X) Continuous ( ) Routine - _____ (X) Periodic - _____

DIRECT READING INSTRUMENTS	COMBUSTIBLE GAS/OXYGEN METER (1)	RADIATION SURVEY METER/PROBE (2)	PHOTOIONIZATION DETECTOR/PROBE (3)	FLAME IONIZATION DETECTOR (4)	CHEM. DETECTOR TUBE (5)
ID NUMBER					
CAL. DATE					
TAT MEMBER					
ACTION LEVEL	≥ 20% LEL ≤ 19.5%, ≥ 23% O_2 - LEAVE	3X BACKGRND - CAUTION; 1 MR/HR-LEAVE	UNKNOWNS 0-5 UNITS: "C" 5-500: "B"	UNKNOWNS 0-5 UNITS: "C" 5-500: "B"	PEL TLV COMPARE W/PF

Emergency Contact	Location	Phone Number	Notified
Hospital	Bergen & South Orange	201-982 5542 or 911	
Ambulance		911	
Police		911 Police department is on Delong at approx 5 blocks from site	
Fire Dept.		911 Wheeler Pit Rd (5 blocks from site) Fire department is on	

Chemical Trauma Capability? (X) Yes ( ) No If no, closest backup: _____ Phone: _____

Directions to Hospital (attach map) - Route verified by: _____ Date: __/__/__

Go up Raymond Ave to Bergen.

Additional Emergency Phone Contacts

Contact	Phone Number
WESTON 24 hr. Hotline	215-524-1925 215-524-1926
WESTON Medical Emergency Service	513-421-3063
Chemtrec	800-424-9300
ATSDR	404-639-0615
ATF (explosives information)	800-424-9555
National Response Center	800-424-8802
National Poison Control Center	800-942-5969

HASP prepared by: Ed Moyle Date: 5/12/97

Pre-Response/Entry Approval by: Dan Kreller Date: 5/13/97

Verbal Approval/Modification to Original HASP by: _____ Date: __/__/__

Size of Site: 8.5 Acres Terrain _____ Weather _____
Distance to Nearest: Residence ____ School ____ Hospital ____
Public Building ____ Other _____
Evacuation: ( ) Yes ( ) No By Whom: _____
Nearest Waterway: Ocean Water - Newark Bay Distance from Site: 2 blocks

Condition	Observed	Potential	None	Comments/Observations
Surface Water Contamination				
Ground Water Contamination				
Drinking Water Contamination				
Air Release				
Soil Contamination				
Stressed Vegetation				
Dead Animal Species				

Actions Taken On-Site:

Perimeter Monitoring: (✓) Yes ( ) No
Site Entry by TAT: (✓) Yes ( ) No

Tasks Conducted	Level of Protection/Specific PPE Used
Site Recon level B + Jerome Mercury Analyzer	
Hazcat (level D if permitted)	
XRF Analysis (level C/D if permitted)	

Data Collected by: _____

Data to be summarized by a "Range of readings,i.e..- Low to High" and/or "Average" by location.

Station/Location	CGL/O_2 Meter	Radiation Meter	PID/Probe	FID/OVA	Detector Tube

Summary/Comments: _____

Off Site: ( ) Yes ( ) No
On Site: ( ) Yes ( ) No

Describe types of samples and methods used to obtain samples: _____

Was Laboratory notified of Potential Hazard Level Of Samples? ( ) Yes ( ) No

Note: The nature of the work assignment may require the use of the following procedures/programs which will be included as Attachments to this HASP as applicable: Emergency Response Plan. Confined Space Entry Procedures. Spill Containment Program.

Disclaimer: This Health and Safety Plan (HASP) was prepared for work to be conducted under the Technical Assistance Team (TAT) Contract 68-WO-0036 for Zone I. Use of this HASP by WESTON and its subcontractor is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this HASP are included by reference to 29 CFR 1910 and 1926.

The signatures below indicate that the individuals have read and understood this Health and Safety Plan.

PRINTED NAME	SIGNATURE	AFFILIATION	DATE
CHRISTOPH STANNIK	Christoph Stannik	START II	5-14-97
M MAHONEY	M Mahoney	START	5/14/97
Brian McGinn	Brian McGinn	START	5/14/97
Ed Moyle	Ed Moyle	START	5/14/97
Donielle Perri	Donielle L Perri	START	5/14/97
Mi Choy	Mi Choy	EPA	5/14/97
Final Submission of HASP by:			Date
Post Response Review by:			
Post Response Approval by:			
TAT HSO Review by:			
James Kearns	COMMENTS/FOLLOWUP	START	4/6/98
DAVID L ADAMS	David L Adams	START	3/31/98
Bruce Lin	Bruce Lin	START	3/31/98
Tom O'Neill	Thomas O'Neill	START	5/14/97
Laura Fonde	Laura Fonde	NJDEP	5/14/97
Joseph E Hogg		NJ DEP	5/14/97

Additional Materials

- 300 sheet tape
- peroxide paper
- Booties
- Flourescent paint
- flashlight